

QUARTERLY STATEMENT

As of September 30, 2020

Medical Malpractice Joint Underwriting Association of **Rhode Island**

NAIC Group Code..... 0, 0

(Current Period) (Prior Period)

NAIC Company Code..... 13101

Employer's ID Number..... 51-0140354

Organized under the Laws of RI

State of Domicile or Port of Entry RI

Country of Domicile US

Incorporated/Organized..... June 16, 1975

One Turks Head Place .. Providence .. Rl 02903

Statutory Home Office (Street and Number)

(City or Town, State, Country and Zip Code)

Main Administrative Office

One Turks Head Place .. Providence .. Rl 02903 (Street and Number) (City or Town, State, Country and Zip Code)

401-369-8240 (Area Code) (Telephone Number)

Mail Address

One Turks Head Place .. Providence .. Rl 02903

Primary Location of Books and Records

(City or Town, State, Country and Zip Code) One Turks Head Place .. Providence .. Rl 02903

401-369-8240

(Street and Number)

(Street and Number or P. O. Box)

(City or Town, State, Country and Zip Code)

Commenced Business..... July 1, 1975

(Area Code) (Telephone Number)

Internet Web Site Address

Statutory Statement Contact

Jerilynn Leahy

401-369-8245 (Area Code) (Telephone Number) (Extension)

jleahy@beechercarlson.com (E-Mail Address)

401-369-8241 (Fax Number)

OFFICERS

Name

Name

Title

1. Timothy Knapp 3. Jerilynn Leahy

Vice Chair Assistant Secretary 2. Earl Cottam Jr. James Pascalides DPM # Chair Secretary

DIRECTORS OR TRUSTEES

Daniel Wright Don Baldini Virginia Burke James Pascalides DPM Barbara M Cavicchio DDS Eric Payntor

Earl Cottam Jr. Newell Warde Laurie Kuiper # Timothy Knapp Jennifer Morrison

State of

Rhode Island Kent

County of.....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) (Signature) Earl Cott Timothy Knapp erilynn Leahy 2. (Printed 3. (Printed Name) 1. (Printed Name) Chair Vice Chair Assistant Secretary (Title)

Subscribed and sworn to before me

day of

a. Is this an original filing?

1. State the amendment number

2. Date filed

3. Number of pages attached

STEPHANIE WILLIAMSON My Identification # 754882 Expires January 16, 2021

Yes [X] No []

Vice Chair

(Title)

__ day of

Subscribed and sworn to before me



Assistant Secretary

(Title)

Yes [X] No []

QUARTERLY STATEMENT

As of September 30, 2020 of the Condition and Affairs of the

Medical Malpractice Joint Underwriting Association of

	Rho	ode Island	
NAIC Group Code 0, 0 (Current Period) (Prior Pe		Company Code 13101	Employer's ID Number 51-0140354
Organized under the Laws of RI		of Domicile or Port of Entry RI	Country of Domicile US
Incorporated/Organized June 16, 19		Commenced Business July	, 1, 1975
Statutory Home Office		e Providence RI 02903 City or Town, State, Country and Zip Code)	
Main Administrative Office		e Providence RI 02903 City or Town, State, Country and Zip Code)	401-369-8240 (Area Code) (Telephone Number)
Mail Address	One Turks Head Place (Street and Number or P. O	e Providence RI 02903 Box) (City or Town, State, Country and Zip	Code)
Primary Location of Books and Records	(Street and Number) (e Providence RI 02903 City or Town, State, Country and Zip Code)	401-369-8240 (Area Code) (Telephone Number)
Internet Web Site Address	N/A		
Statutory Statement Contact	Jerilynn Leahy		401-369-8245
	(Name) jleahy@beechercarlso (E-Mail Address)	n.com	(Area Code) (Telephone Number) (Extension) 401-369-8241 (Fax Number)
		OFFICERS	
Name	Title	Name	Title
Timothy Knapp Jerilynn Leahy	Vice Chair Assistant Secretary	 Earl Cottam Jr. James Pascalides DPM # 	Chair Secretary
	DIRECT	ORS OR TRUSTEES	
Don Baldini	James Pascalides DPM Barbara M Cavicchio DDS Eric Payntor	Earl Cottam Jr. Newell Warde Laurie Kuiper #	Timothy Knapp Jennifer Morrison
State of Rhode Island County of Providence			
stated above, all of the herein described asset herein stated, and that this statement, together of all the assets and liabilities and of the conditherefrom for the period ended, and have been manual except to the extent that: (1) state law procedures, according to the best of their info	ts were the absolute propert er with related exhibits, sched lition and affairs of the said on n completed in accordance of may differ; or, (2) that state rmation, knowledge and belifiling with the NAIC, when re	y of the said reporting entity, free and clear dules and explanations therein contained, a eporting entity as of the reporting period sta with the NAIC Annual Statement Instruction. rules or regulations require differences in rules, respectively. Furthermore, the scope of quired, that is an exact copy (except for for	innexed or referred to, is a full and true statement ited above, and of its income and deductions is and Accounting Practices and Procedures eporting not related to accounting practices and this attestation by the described officers also rmatting differences due to electronic filing) of the
(Signature)		(Signature)	(Signature)
Timothy Knapp 1. (Printed Name)		Earl Cottam Jr	Jerilynn Leahy 3. (Printed Name)

(Title)

a. Is this an original filing?

 b. If no: 1. State the amendment number 2. Date filed

3. Number of pages attached

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island ASSETS

Asserts (Col. 1-2) Ammined Asserts (85,78), 544 (81,78), 614 (81,78),				Current Statement Date		4
Decision			1	2 Nonadmitted	Net Admitted Assets	December 31 Prior Year Net
2 SPOCK: 2.1 Preferred stocks 2.2 Common stocks 3. Notices born on real states 3.1 First from 3.2 One from first less. 3.2 One from first less. 4.1 Pregentes completify the company (eas \$				Assets	` ′	Admitted Assets
2.1 Performed stocks			88,786,834		88,786,834	88,468,445
2 Comment access	2.					
3. Nortgoole lears on real estable: 0 0 3.7 Other than first form						
3.1 First iron. 3.2 Other has first lens. 4. Raal estate: 4. Pagasets accorpectly the company gless 5					0	
3 2 Other than first fore	3.					
Percentage conspired by the company (ress \$ 0 examinations)						
4.1 Properties occupied by the company (less S					0	
A 2 Proposities let for the production of income (less \$ 0 0	4.					
a countrier consequence		encumbrances)			0	
5 Cash (8756,381), cash equivalents (536691)					0	
and short-form investments (S		4.3 Properties held for sale (less \$0 encumbrances)			0	
7. Destrostives 0.0	5.		793,072		793,072	1,178,705
8. Other invested assets.	6.	Contract loans (including \$0 premium notes)			0	
S. Recoivables for securities	7.	Derivatives			0	
10. Securities landing reinvested collatural assets	8.	Other invested assets	66,602,185		66,602,185	64,772,187
11. Aggregate write-ins for invested assets (Lines 1 to 11)	9.	Receivables for securities			0	3,992
12 Subtotals, cash and invested assets (Lines 1 to 11)	10.	Securities lending reinvested collateral assets			0	
13. Title plants less \$ 0 charged off (for Title Insurers only).	11.	Aggregate write-ins for invested assets	0	0	0	0
14. Investment income due and accrued.	12.	Subtotals, cash and invested assets (Lines 1 to 11)	156,182,091	0	156,182,091	154,423,329
15. Premiums and considerations: 15.1 Uncollected premiums and agents' balances in the course of collection	13.	Title plants less \$0 charged off (for Title insurers only)			0	
15.1 Uncollected premiums and agents' balances in the course of collection (228,538) (228,538) (42, 15.2 Defended premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums). 177,559 177	14.	Investment income due and accrued	1,183,464		1,183,464	1,280,684
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$	15.	Premiums and considerations:				
and not yet due (including \$ 0 earned but unbilled premiums). 177,559 1260 15.3 Accrued retrospective premiums (\$ 0) and contracts subject to redetermination (\$ 0). 0 16. Reinsurance: 16.1 Amounts recoverable from reinsurers. 0 16.2 Funds held by or deposited with reinsured companies. 0 16.3 Other amounts receivable under reinsurance contracts 0 17. Amounts receivable indefer reinsurance contracts 0 18.1 Current federal and foreign income tax recoverable and interest thereon. 263,797 2		15.1 Uncollected premiums and agents' balances in the course of collection	(228,538)		(228,538)	(42,255)
redetermination (\$, , , ,	177,559		177,559	126,690
16.1 Amounts recoverable from reinsurers.		15.3 Accrued retrospective premiums (\$0) and contracts subject to			0	
16.2 Funds held by or deposited with reinsured companies	16.	Reinsurance:				
16.3 Other amounts receivable under reinsurance contracts		16.1 Amounts recoverable from reinsurers			0	
17. Amounts receivable relating to uninsured plans		16.2 Funds held by or deposited with reinsured companies			0	
18.1 Current federal and foreign income tax recoverable and interest thereon. 263,797 263,797 18.2 Net deferred tax asset. 0 19. Guaranty funds receivable or on deposit. 0 20. Electronic data processing equipment and software. 0 21. Furniture and equipment, including health care delivery assets (\$0) 0 22. Net adjustment in assets and liabilities due to foreign exchange rates. 0 23. Receivables from parent, subsidiaries and affiliates. 0 24. Health care (\$0) and other amounts receivable. 0 25. Aggregate write-ins for other than invested assets. 11,936 0 11,936 5, 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). 157,590,309 0 157,590,309 155,794, 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts. 0 0 157,590,309 0 157,590,309 155,794, 1101. 0 0 157,590,309 0 157,590,309 155,794, DETAILS OF WRITE-INS 1102. 0 0 0 0 0 0 0 0 0 0 0 0 <td></td> <td>16.3 Other amounts receivable under reinsurance contracts</td> <td></td> <td></td> <td>0</td> <td></td>		16.3 Other amounts receivable under reinsurance contracts			0	
18.2 Net deferred tax asset.	17.	Amounts receivable relating to uninsured plans			0	
19. Guaranty funds receivable or on deposit.	18.1	Current federal and foreign income tax recoverable and interest thereon	263,797		263,797	
20. Electronic data processing equipment and software	18.2	Net deferred tax asset			0	
20. Electronic data processing equipment and software	19.	Guaranty funds receivable or on deposit			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates. .0 23. Receivables from parent, subsidiaries and affiliates. .0 24. Health care (\$ 0) and other amounts receivable. .0 25. Aggregate write-ins for other than invested assets. .11,936 .0 .11,936 .5, 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). .157,590,309 .0 .157,590,309 .1						
23. Receivables from parent, subsidiaries and affiliates.	21.	Furniture and equipment, including health care delivery assets (\$0)			0	
24. Health care (\$	22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	
25. Aggregate write-ins for other than invested assets.	23.	Receivables from parent, subsidiaries and affiliates			0	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	24.	Health care (\$0) and other amounts receivable			0	
Cell Accounts (Lines 12 through 25)	25.	Aggregate write-ins for other than invested assets	11,936	0	11,936	5,583
28. Total (Lines 26 and 27)	26.		157,590,309	0	157,590,309	155,794,031
DETAILS OF WRITE-INS	27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
1101.	28.	Total (Lines 26 and 27)	157,590,309	0	157,590,309	155,794,031
1102. 0 1103. 0 1198. Summary of remaining write-ins for Line 11 from overflow page. 0 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above). 0 2501. Miscellaneous Accounts Receivable. 3,684 2502. Prepaid Losses. 0 2503. Prepaid premium tax. 8,252 3,252 3,252		DETAILS O	F WRITE-INS			
1103. 0 1198. Summary of remaining write-ins for Line 11 from overflow page. 0 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above). 0 2501. Miscellaneous Accounts Receivable. 3,684 2502. Prepaid Losses. 0 2503. Prepaid premium tax. 8,252	1101				0	
1198. Summary of remaining write-ins for Line 11 from overflow page .0 .0 .0 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .0 .0 .0 2501. Miscellaneous Accounts Receivable 3,684 .3,684 .2, 2502. Prepaid Losses .0 2503. Prepaid premium tax	1102				0	
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) 0 0 0 2501. Miscellaneous Accounts Receivable 3,684 3,684 2, 2502. Prepaid Losses 0 0 0 0 2503. Prepaid premium tax 8,252 8,252 3,	1103.				0	
2501. Miscellaneous Accounts Receivable	1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
2502. Prepaid Losses	1199.	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0
2503. Prepaid premium tax	2501.	Miscellaneous Accounts Receivable	3,684		3,684	2,331
	2502	Prepaid Losses			0	
	2503.	Prepaid premium tax	8,252		8,252	3,252
2598. Summary of remaining write-ins for Line 25 from overflow page						
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)						

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31 Prior Year
1.	Losses (current accident year \$1,802,239)		
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses.		
4.	Commissions payable, contingent commissions and other similar charges		
	Other expenses (excluding taxes, licenses and fees)		
5.			
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$0 on realized capital gains (losses))		
7.2	Net deferred tax liability.		
8.	Borrowed money \$0 and interest thereon \$0.		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$0 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)	2,115,911	1,894,009
10.	Advance premium		84,764
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$0 certified)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
21.	Payable for securities.		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$0 and interest thereon \$0.		
25.	Aggregate write-ins for liabilities	30,444	223,983
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	29,970,294	32,428,913
27.	Protected cell liabilities.		
28.	Total liabilities (Lines 26 and 27)	29,970,294	32,428,913
29.	Aggregate write-ins for special surplus funds	0	0
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus.		
	Unassigned funds (surplus)		
35.		127,020,015	123,303,178
36.	Less treasury stock, at cost:		
	36.10.000 shares common (value included in Line 30 \$0)		
	36.20.000 shares preferred (value included in Line 31 \$0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)		
38.	Totals (Page 2, Line 28, Col. 3)	157,590,309	155,794,031
2501	Unearned Finance Charge		
2502.	Premium Deficiency Reserve		
	Losses Payable Summary of remaining write-ins for Line 25 from overflow page		223,983
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)		223,983
2901. 2902.			
2903.			
	Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. 3201.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)		0
3202.			
3203. 3298.	Summary of remaining write-ins for Line 32 from overflow page		0
	Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above)		

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island STATEMENT OF INCOME

STATEMENT OF INC	1 Current Year	2 Prior Year	3 Prior Year Ended
UNDERWRITING INCOME	to Date	to Date	December 31
1. Premiums earned:			
1.1 Direct (written \$1,667,401)			1,810,548
1.2 Assumed (written \$0)			
1.3 Ceded(written \$0)			4 040 540
1.4 Net (written \$1,667,401)	1,445,500	1,435,381	1,810,548
2. Losses incurred (current accident year \$1,802,239):			
2.1 Direct	(908,042)	(1,212,103)	(1,407,913)
2.2 Assumed			
2.3 Ceded			
2.4 Net			
Loss adjustment expenses incurred			(741,284)
Street underwriting expenses incurred			
6. Total underwriting deductions (Lines 2 through 5)	48,989	(1,173,970)	(637,229)
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	1,396,511	2,609,351	2,447,777
INVESTMENT INCOME			
9. Net investment income earned			4,987,734
10. Net realized capital gains (losses) less capital gains tax of \$255,330			1,571,565
11. Net investment gain (loss) (Lines 9 + 10)	4,465,443	4,859,770	6,559,299
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off			
(amount recovered \$0 amount charged off \$0)			
Finance and service charges not included in premiums			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and			
foreign income taxes (Lines 8 + 11 + 15)			8,486,559
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	5 200 000	0.005.004	0.400.550
19. Federal and foreign income taxes incurred			
20. Net income (Line 18 minus Line 19) (to Line 22)			7,260,342
CAPITAL AND SURPLUS ACCOUNT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,200,012
21. Surplus as regards policyholders, December 31 prior year	100 265 110	114 502 005	111 502 005
21. Surplus as regards policyriolders, December 31 prior year			
23. Net transfers (to) from Protected Cell accounts.		· · ·	
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$(67,133)			
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax			
27. Change in nonadmitted assets			
Change in provision for reinsurance. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments: 33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
Aggregate write-ins for gains and losses in surplus	U	0 6 834 224	0 8 841 203
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)			123,365,118
DETAILS OF WRITE-INS		= 1,000,010	25,535,110
0501. Change in Premium Deficiency Reserve			
0502.			
0503			
0598. Summary of remaining write-ins for Line 5 from overflow page			0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)			(536,020)
1401. Gain or loss of retroactive remisurance			(330,020)
1403			0
1498. Summary of remaining write-ins for Line 14 from overflow page	0		
1498. Summary of remaining write-ins for Line 14 from overflow page	0(571,000)	(616,020)	(536,020)
1498. Summary of remaining write-ins for Line 14 from overflow page	0(571,000) .	(616,020)	(536,020)
1498. Summary of remaining write-ins for Line 14 from overflow page		(616,020)	(536,020)
1498. Summary of remaining write-ins for Line 14 from overflow page		(616,020)	(536,020)
1498. Summary of remaining write-ins for Line 14 from overflow page		(616,020)	(536,020)

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island CASH FLOW

		1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CASH FROM OPERATIONS	to Date	10 Date	December of
1.	Premiums collected net of reinsurance	1.718.052	1.325.285	1.697.425
2.	Net investment income			
3.	Miscellaneous income			
4.	Total (Lines 1 through 3)			6,707,834
5.	Benefit and loss related payments		1.060.395	
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		,,	,,
7.	Commissions, expenses paid and aggregate write-ins for deductions		1,498,503	2,041,857
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)			
10.	Total (Lines 5 through 9)		4,358,898	
11.	Net cash from operations (Line 4 minus Line 10)			
	CASH FROM INVESTMENTS	,,,,,,	, ,	,,
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	12.232.112	10.741.214	12.819.45
	12.2 Stocks		, ,	
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds			
	12.8 Total investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):			
10.	13.1 Bonds	6 846 043	10,872,926	12 652 11
	13.2 Stocks		, ,	
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets.			
	13.6 Miscellaneous applications			
	13.7 Total investments acquired (Lines 13.1 to 13.6)			
14.	Net increase or (decrease) in contract loans and premium notes			
1 4 . 15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
١٦.	CASH FROM FINANCING AND MISCELLANEOUS SOURCES	(2,331,093)	(1,333,330)	(1,494,90
10				
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
4-7	16.6 Other cash provided (applied)			
17. De		U	0	
	ECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(385,633)	(726,264)	(394,94
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year			
	19.2 End of period (Line 18 plus Line 19.1)	793,072	847,381	1,178,70

Note 1 - Summary of Significant Accounting Policies and Going Concern

Accounting Practices

Medical Malpractice Joint Underwriting Association of Rhode Island ("the MMJUA") is a joint underwriting association created by the state of Rhode Island. The MMJUA was originally created in accordance with RI Gen. Law 42-35-3 by the adoption of Regulation 230-RICR-20-10-1 (formerly Insurance Regulation 21) by the Department of Business Regulation (the "Department") effective June 16, 1975. Subsequently, legislation was enacted which authorized the Department to promulgate regulations relating to medical malpractice insurance and validated Regulation 230-RICR-20-10-1. It was the intent of the Department that the MMJUA provides a continuing stable facility for medical malpractice insurance. Under the original plan of operation (approved June 25, 1975) and as amended and approved by the department on November 10, 2003, the MMJUA was created to provide medical malpractice insurance for physicians, hospitals and other health care providers, on a self-supporting basis.

The MMJUA is authorized to issue medical malpractice policies on a "claims made" or "occurrence" basis with limits not to exceed \$1,000,000 for each medical incident under one policy and in the aggregate of \$3,000,000 under one policy in any one year. The MMJUA is also authorized to underwrite incidental coverage's for any health care provider that is also covered by the MMJUA's medical malpractice, with limits of \$1,000,000 per incident and \$1,000,000 aggregate under a one year policy. Additionally, the MMJUA is authorized to provide Commercial General Liability coverage to the health care providers with limits of \$1,000,000 per incident and \$2,000,000 aggregate under a one year policy. All policies are on an annual basis and shall be subject to the Group Retrospective Rating Plan and Stabilization Reserve Fund as authorized by Regulation 230-RICR-20-10-1.

The Group Retrospective Rating Plan and stabilization reserve fund are described under Note 24.

	SSAP	F/S	F/S			
	#	Page	Line #	Current Year to Date		2019
NET INCOME						
(1) The Company state basis						
(Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 4,543,768	\$	7,260,342
(2) State Prescribed Practice that are an increase/(decrease) from N	AIC SAP					
				\$	\$	
(3) State Permitted Practice that are an increase/(decrease) from NA	AIC SAP					
				\$	\$	
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 4,543,768	\$	7,260,342
SURPLUS						
(5) The Company state basis						
(Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 127,620,015	\$	123,365,118
(6) State Prescribed Practice that are an increase/(decrease) from N	AIC SAP					
				\$	\$	
(7) State Permitted Practice that are an increase/(decrease) from NA	AIC SAP				•	
				\$	\$	
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 127,620,015	\$	123,365,118

The accompanying financial statements of the MMJUA have been prepared in conformity with accounting practices prescribed or permitted by the Department. Prescribed accounting practices include state laws, regulations and general administrative rules applicable to insurance companies domiciled in the State of Rhode Island; National Association of Insurance Commissioners' ("NAIC") Annual Statement Instructions; the NAIC Accounting Practices and Procedures Manual; the Purposes and Procedures and Securities Valuation Manuals of the NAIC Securities Valuation Office; NAIC official proceedings; and the NAIC Examiner's and Market Conduct Handbooks. Permitted statutory accounting practices encompass all accounting practices not so prescribed.

The Department requires insurance companies domiciled in the State of Rhode Island to prepare their statutory financial statements in accordance with the NAIC Accounting Practices and Procedures Manual and subject to Rhode Island Department of Business Regulation Gen. Law 42-35-3.

В. Use of Estimates in the Preparation of the Financial Statement

> The preparation of financial statements in accordance with statutory accounting practices requires management to make estimates and assumptions that affect the reported amounts of admitted assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

(1) Basis for Short-Term Investments

Short-term investments are stated at amortized cost.

(2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method

Bonds generally are stated at amortized cost, except for bonds that are rated by the NAIC as a class 3 - 6 which are reported at the lower of amortized cost or fair market value. Amortization is calculated using the scientific constant yield to worst method.

(3) Basis for Common Stocks

The MMJUA holds no investments in common stocks.

(4) Basis for Preferred Stocks

The MMJUA holds no investments in preferred stocks.

(5) Basis for Mortgage Loans

The MMJUA holds no investments in first lien mortgage loans on real estate.

Basis for Loan-Backed Securities and Adjustment Methodology

Investment grade loan-backed securities are stated at amortized value. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized value or fair value.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The MMJUA has no subsidiaries.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The MMJUA holds no interest in joint ventures or partnerships.

(9) Accounting Policies for Derivatives

The MMJUA does not invest in derivative instruments.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The MMJUA does not have a premium deficiency reserve.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

The reserve for unpaid losses and loss adjustment expenses represents the estimated unpaid ultimate liability for claims reported to the MMJUA plus claims incurred but not yet reported and the related estimated loss adjustment expenses. In establishing this reserve, the MMJUA utilizes the findings of an independent consulting actuary. The reserves for unpaid losses and loss adjustment expenses are estimated using individual case basis valuations and statistical analyses. Those estimates are subject to the effects of trends in loss severity and frequency.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The MMJUA does not have a capitalization policy.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

Not applicable as the MMJUA does not write major medical insurance with prescription drug coverage.

D. Going Concern

None

Note 2 - Accounting Changes and Corrections of Errors

No significant changes

Note 3 - Business Combinations and Goodwill

Not applicable

Note 4 - Discontinued Operations

Not applicable

Note 5 - Investments

No significant changes

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 - Investment Income

The company does not admit investment income due and accrued if amounts are over 90 days past due (180 days for mortgage loans).

В Not applicable

Note 8 - Derivative Instruments

Not applicable

Note 9 - Income Taxes

No significant changes

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

Not applicable

Note 11 - Debt

Not applicable

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable

Note 13 - Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

Not applicable

Note 14 - Liabilities, Contingencies and Assessments

No significant changes

Note 15 - Leases

Not applicable

Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

Not applicable

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Name and Address of				Types of	Total Direct Premiums
Managing General Agent or	FEIN	Exclusive		Authority	Written/
Third Party Administrator	Number	Contract	Types of Business Written	Granted	Produced By
				C, CA, R, B, P,	
Beecher Carlson Insurance Services LLC	95-3679538	YES	Medical Malpractice, General Liability	U	\$ 1,667,401
Total	XXX	XXX	XXX	XXX	\$ 1,667,401

Note 20 - Fair Value Measurements

Fair Value Measurements

Fair Value Measurements at Reporting Date

The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy. The three-level fair value hierarchy is based on the degree of subjective inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

> Level 1- Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded preferred and common stocks. It also includes derivative liabilities for written call options on common stock which are also exchange traded. The estimated fair value of the equity securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

Level 2 - Significant Other Observable Inputs: This category for items measured at fair value on a recurring basis includes bonds, preferred stocks and common stocks which are not exchange-traded. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

Level 3 - Significant Unobservable Inputs: The Company has no assets or liabilities measured at fair value in this category.

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

The Company has no assets or liabilities measured at fair value in the Level 3 category.

(3) Policies when Transfers Between Levels are Recognized

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

The Company measures items at Level 2 on a recurring basis. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

(5) Fair Value Disclosures

Not applicable

R Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not applicable

Fair Value Level

The table below reflects the fair values and admitted values of all admitted assets and liabilities that are financial instruments. The fair values are also categorized into the three-level fair value hierarchy as described above in Note 20A.

	Α	ggregate Fair						Net A	Asset Value	Not Practicable
Type of Financial Instrument		Value	Αc	dmitted Assets	(Level 1)	(Level 2)	(Level 3)		(NAV)	(Carrying Value)
Bonds	\$	96,659,292	\$	88,786,834	\$ -	\$ 96,659,292	\$	\$		\$
Cash, cash equivalents and										
short-term investments	\$	793,072	\$	793,072	\$ 793,072	\$ -	\$	\$		\$
Other Invested Assets	\$	70,709,073	\$	66,602,185	\$ 3,667,048	\$ 67,042,025	\$	\$		\$

D. Not Practicable to Estimate Fair Value

Not applicable

E. **NAV Practical Expedient Investments**

Not applicable

Note 21 - Other Items

Not applicable

Note 22 - Events Subsequent

Subsequent events have been considered through November 9, 2020 for these statutory financial statements which are to be issued on November 15, 2020.

In December 2019, a novel strain of coronavirus surfaced in Wuhan, China, and has spread around the world, with resulting business and social disruption. The coronavirus was declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. The operations and business results of the Company could be materially adversely affected. The extent to which the coronavirus (or any other disease or epidemic) impacts business activity or investment results will depend on future developments, which are highly uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus and the actions required to contain the coronavirus or treat its impact, among others.

Note 23 - Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

No significant changes

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

Change in Incurred Losses and Loss Adjustment Expenses

There was favorable development of \$4.0 million attributable to insured events of prior years. The reason for the favorable change relates to claims settling for less than originally expected.

B. Information about Significant Changes in Methodologies and Assumptions

> There have been no significant changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

Note 26 - Intercompany Pooling Arrangements

Not applicable

Note 27 - Structured Settlements

No significant changes

Note 28 - Health Care Receivables

Not applicable

Note 29 - Participating Policies

Not applicable

Note 30 - Premium Deficiency Reserves

Not applicable

Note 31 - High Deductibles

Not applicable

Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

Note 33 - Asbestos/Environmental Reserves

Not applicable

Note 34 - Subscriber Savings Accounts

Not applicable

Note 35 - Multiple Peril Crop Insurance

Not applicable

Note 36 - Financial Guaranty Insurance

Not applicable

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of	f Material Transactions with the State of Domicile,		,	V [1	Na IVI
1.2	as required by the Model Act?				Yes[]	No [X]
1.2 2.1	If yes, has the report been filed with the domiciliary state? Has any change been made during the year of this statement in the charter, by-laws, articles of	f incorporation, or deed of settlement of the		,	Yes[
2.2	reporting entity? If yes, date of change:				Yes[]	No [X]
3.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or If yes, complete Schedule Y, Parts 1 and 1A.	r more affiliated persons, one or more of which is an insu	ırer?	,	Yes[]	No [X]
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end	d?		,	Yes[]	No [X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.	•			100[]	no[x]
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?			,	Yes[]	No [X]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the response to 3.4 is yes, provide the CIK (Central Index Key) code is yes, provide the CIK (Ce	ne entity/group.				
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by If yes, complete and file the merger history data file with the NAIC for the annual filing correspo			,	Yes[]	No [X]
4.2	If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state result of the merger or consolidation.	abbreviation) for any entity that has ceased to exist as a	I			
	1			2 NAIC)	3
	Name of Entity			Compa Code	,	State of Domicile
5.	If the reporting entity is subject to a management agreement, including third-party administrator similar agreement, have there been any significant changes regarding the terms of the agreem If yes, attach an explanation.		,	Yes[]	No [X] N/A []
6.1	State as of what date the latest financial examination of the reporting entity was made or is bein	ng made.		12/3	31/2019	
6.2	State the as of date that the latest financial examination report became available from either the should be the date of the examined balance sheet and not the date the report was completed o			12/3	31/2015	
6.3	State as of what date the latest financial examination report became available to other states or reporting entity. This is the release date or completion date of the examination report and not the			01/1	8/2017	,
6.4	By what department or departments?		-			
	State of Rhode Island Department of Business Regulation, Insurance Division					
6.5	Have all financial statement adjustments within the latest financial examination report been account Departments?	counted for in a subsequent financial statement filed	Y	es[X]	No []	N/A []
6.6	Have all of the recommendations within the latest financial examination report been complied w	vith?	Y	es [X]	No []	N/A []
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including copy any governmental entity during the reporting period?	prograte registration, if applicable) suspended or revoked		,	Yes[]	No [X]
7.2	If yes, give full information:					
8.1	Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Bo	pard?		,	Yes[]	No [X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.					
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?			,	Yes[]	No [X]
8.4	If the response to 8.3 is yes, please provide below the names and location (city and state of the regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller	r of the Currency (OCC), the Federal Deposit Insurance				
	Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's 1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting functions) of the reporting entity subject to a code of ethics, which includes the following standard of the code of ethics and the code of ethics are code of ethics.			,	Yes [X] No[]
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts		nips;		•	
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required	to be filed by the reporting entity;				
	(c) Compliance with applicable governmental laws, rules and regulations;	3 · · · · · · · · · · · · · · · · · · ·				
	(d) The prompt internal reporting of violations to an appropriate person or persons identified	in the code: and				
	(e) Accountability for adherence to the code.	,				
9.11	If the response to 9.1 is No, please explain:					
9.2	Has the code of ethics for senior managers been amended?			,	Yes[]	No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).					
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?			,	Yes[]	No [X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).					

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

	s the reporting entity report any amou	inis due ironi pareni, subsidia	ries or affiliates on Pa	Page 2 of this stateme	ent?			Yes[]	No [X
2 If yes	s, indicate any amounts receivable fro	om parent included in the Pag	je 2 amount:				\$		0
			INVEST	TMENT					
	e any of the stocks, bonds, or other as by another person? (Exclude securiti			option agreement, or	otherwise mad	de available for		Yes[]	No [X
2 If yes	s, give full and complete information r	relating thereto:							
Amo	unt of real estate and mortgages held	d in other invested assets in S	Schedule BA:				\$		0
Amo	unt of real estate and mortgages held	d in short-term investments:					\$		0
1 Does	s the reporting entity have any investr	ments in parent, subsidiaries a	and affiliates?				-	Yes[]	No [X
14.2	If yes, please complete the following	g:							
					Dianyana	1		2	-11
						End Book/Adjuste ying Value	ea Curre	ent Quarter Book/Adj Carrying Value	ustea
14.2 14.2					\$	-	0 \$		0
14.2							0		0
14.2							0		0
14.2 14.2	0 0	te					0		0
14.2	7 Total Investment in Parent, Su			14.26)	\$		0 \$		0
14.2					\$		0 \$		0
1 Has	the reporting entity entered into any h	nedging transactions reported	on Schedule DB?					Yes[]	No [X
2 If yes	s, has a comprehensive description o	f the hedging program been r	nade available to the	e domiciliary state?				Yes [] No []	N/A [
If no,	attach a description with this statement	ent.							
For t	he reporting entity's security lending p	program, state the amount of	the following as of cu	urrent statement date	:				
1 Total	fair value of reinvested collateral ass	sets reported on Schedule DL	., Parts 1 and 2:				\$		0
2 Total	book adjusted/carrying value of rein	vested collateral assets repor	tad on Cahadula DI				\$		0
014			ted on Schedule DL,	, Parts 1 and 2:			Ψ		
	l payable for securities lending report	·	led on Schedule DL,	, Parts 1 and 2:			\$		0
3 Total Exclu	uding items in Schedule E-Part 3-Spe	ed on the liability page: ecial Deposits, real estate, mo	ortgage loans and inv	vestments held physic			<u> </u>		0
3 Total Exclu	uding items in Schedule E-Part 3-Spees, vaults or safety deposit boxes, we	red on the liability page: ecial Deposits, real estate, mo ere all stocks, bonds and other	ortgage loans and inversecurities, owned th	vestments held physic	year held purs	suant to a	\$		0
3 Total Exclu	uding items in Schedule E-Part 3-Spe	ted on the liability page: ecial Deposits, real estate, mo ere all stocks, bonds and other or trust company in accordar	ortgage loans and inversecurities, owned th	vestments held physic nroughout the current I - General Examination	year held purs on Considerati	suant to a	\$	Yes[X]	
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3 Total Exclusion office custo of Cr 17.1 17.2 17.3 17.4 17.5	adding items in Schedule E-Part 3-Spe ses, vaults or safety deposit boxes, we dotal agreement with a qualified bank itical Functions, Custodial or Safekee For all agreements that comply with The Washington Trust Company For all agreements that do not complocation and a complete explanation 1 Name Have there been any changes, including the securities of the reporting entity. For assets the securities of the reporting entity. For those firms/individuals unmanage more than 10% and agreement aggregate. To those firms or individuals listed of the reporting entity individuals entity i	ed on the liability page: ecial Deposits, real estate, mo ore all stocks, bonds and other or trust company in accordar eping Agreements of the NAIC 1 Name of Custodian(s) ply with the requirements of the n: e(s) uding name changes, in the custom relating thereto: dian all investment advisors, investmat are managed internally by Name of F uals listed in the table for Queston of the reporting errie to more than 50% of the rep in the table for 17.5 with an ar 2 Name of Firm or Indi Conning, Inc.	ortgage loans and inversecurities, owned the ce with Section 1, III of Financial Condition	vestments held physic proughout the current I - General Examination Examiners Handboom Ex	year held purson Consideration ok, complete the sad Street, Western Western Street, Western S	asuant to a sions, F. Outsour ne following: Custoc sterly, RI 02891 ride the name, 3 Date of Change that have the autith have access to eporting entity (intestion 17.5, does de the information 4 Registered CC	\$ cing 2 lian Address Complete nority to make in the investment e., designated as the total asserting to the	3 Explanation(s) Yes [] 4 Reason nvestment decisions accounts", "handle 2 Affiliation U with a "U") Yes [X] ets under Yes [X] below. 5 Investment Managemer	No [No [X on behalt No [No [

By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

b.

Issuer or obligor is current on all contracted interest and principal payments.

The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security: 20.

The security was purchased prior to January 1, 2018.

The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

The security was purchased prior to January 1, 2019.

h

The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

The security had a public credit raing(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an C. NRSRO prior to January 1, 2019.

d.

The fund only or predominantly holds bonds in its portfolio.
The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island **GENERAL INTERROGATORIES (continued)**

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	If yes, attach an explanation.		
2.	Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?	Yes[]	No [X]

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes[] No[X]

3.2 If yes, give full and complete information thereto:

If yes, attach an explanation.

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?

Yes[] No[X]

Yes[] No[] N/A[X]

4.2 If yes, complete the following schedule:

1	2	3		Total Discount Discount Taken During Period						
			4	4 5 6			8	9	10	11
	Maximum	Disc.	Unpaid	Unpaid			Unpaid	Unpaid		
Line of Business	Interest	Rate	Losses	LAE	IBNR	Total	Losses	LAE	IBNR	Total
	0.000	0.000	0	0	0	0	0	0	0	0
Total	XXX	YYY	0	٥	0	۱ ،	l n	0	0	0

Operating Percentages:

	Opera	ung i ercentages.		
	5.1	A&H loss percent		0.000%
	5.2	A&H cost containment percent		0.000%
	5.3	A&H expense percent excluding cost containment expenses		0.000%
6.1	Do yo	u act as a custodian for health savings accounts?	 Yes[]	No [X]
6.2	If yes,	please provide the amount of custodial funds held as of the reporting date.	\$	0
6.3	Do yo	u act as an administrator for health savings accounts?	Yes[]	No [X]
6.4	If yes,	please provide the amount of funds administered as of the reporting date.	\$	0
7.	Is the	reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[]	No [X]
7.1	,	does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile reporting entity?	Yes[]	No [X]

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island **SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

		Chewing / wirtow remodrate Carrett real to ba				
1	2	3	4	5	6	7
						Effective Date
NAIC					Certified	of Certified
Company	,		Domiciliary	Type of	Reinsurer Rating	Reinsurer
Code	ID Number	Name of Reinsurer	Jurisdiction	Reinsurer	(1 through 6)	Rating

NONE

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories
Direct Premiums Written Direct Losses Paid (Deducting Salvage)

1 Direct Premiums Written Direct Losses Paid (Deducting Salvage) Direct Losses Unpaid Active 2 3 4 5 6 7								
	States, Etc.	Status (a)	Current Year to Date	ર Prior Year to Date	4 Current Year to Date	Prior Year to Date	Current Year to Date	/ Prior Year to Date
1.	AlabamaAL	N	to Date	to Date	to Date	to Date	to Date	to Date
)	AlaskaAK	N						
.	ArizonaAZ	N						
	ArkansasAR	N						
	CaliforniaCA	N						
	ColoradoCO	N						
	ConnecticutCT	N						
	DelawareDE	N						
).	District of ColumbiaDC	N						
).	FloridaFL	N						
۱.	GeorgiaGA	N						
2.	HawaiiHI	N						
3.	ldahoID	N						
1.	IllinoisIL	N						
5.	IndianaIN	N						
ô.	lowaIA	N						
	KansasKS	N						
3.	KentuckyKY	N						
	LouisianaLA	N						
).	MaineME	N						
١.	MarylandMD	N						
2.	MassachusettsMA	N						
3.	MichiganMI	N						
	MinnesotaMN	N						
5.	MississippiMS	N						
). -	MissouriMO	N						
7.	MontanaMT	N						
3.	NebraskaNE	N						
	NevadaNV	N						
	New HampshireNH	N						
	New JerseyNJ	N						
	New MexicoNM	N						
	New YorkNY	N						
	North CarolinaNC	N						
	North DakotaND	N						
	OhioOH	N						
7.	OklahomaOK	N						
	OregonOR	N						
	PennsylvaniaPA	N						
	Rhode IslandRI	L	1,667,401	1,492,765	378,356	1,060,395	19,716,191	21,903,93
	South CarolinaSC	N						
	South DakotaSD	N						
	TennesseeTN	N						
4. -	TexasTX	N						
	UtahUT	N						
	VermontVT	N						
	VirginiaVA	N						
	WashingtonWA	N						
	West VirginiaWV	N						
	WisconsinWI	N						
	WyomingWY	N						
	American SamoaAS	N						
	GuamGU	N						
	Puerto RicoPR	N						
	US Virgin IslandsVI	N						
	Northern Mariana IslandsMP	N						
	CanadaCAN	N						
	Aggregate Other AlienOT		0		0	0		
).	Totals	XXX	1,667,401		378,356	1,060,395	19,716,191	21,903,93
04		VVV		DETAILS OF V				
		XXX						
		XXX						
	Summary of remaining write-ins	^^^						
	for Line 58 from overflow page	XXX	0	0	0	0	0	
999.	Totals (Lines 58001 thru 58003+				0			
	Line 58998) (Line 58 above)	XXX	0	0	0	0	0	
ı) Lice	Active Status Count ensed or Chartered - Licensed insurance	carrier	domiciled DDC					
_ıce				11				
=li~	ible - Reporting entities aligible or appro							
Elig	ible - Reporting entities eligible or appro (other than their state of domicile - See			0			siness in the state	

Sch. Y - Pt. 1 NONE

Sch. Y Pt. 1A NONE

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island **PART 1 - LOSS EXPERIENCE**

			Current Year to Date		4
	Lines of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
	Fire				
	Allied lines			0.000	
	Farmowners multiple peril			0.000	
	Homeowners multiple peril			0.000	
	Commercial multiple peril			0.000	
	Mortgage guaranty			0.000	
	Ocean marine			0.000	
	Inland marine			0.000	
	Financial guaranty			0.000	
	Medical professional liability - occurrence		(/ /	((203.683)
	Medical professional liability - claims-made		(12,743)		41.102
	Earthquake			0.000	
13.	Group accident and health			0.000	
14.	Credit accident and health			0.000	
15.	Other accident and health			0.000	
	Workers' compensation			0.000	
17.1	Other liability-occurrence	152,438	83,777	54.958	(18.236)
	Other liability-claims made			0.000	
17.3	Excess workers' compensation			0.000	
	Products liability-occurrence			0.000	
18.2	Products liability-claims made			0.000	
	19.2 Private passenger auto liability			0.000	
19.3,	19.4 Commercial auto liability			0.000	
21.	Auto physical damage			0.000	
22.	Aircraft (all perils)			0.000	
23.	Fidelity			0.000	
24.	Surety			0.000	
26.	Burglary and theft			0.000	
27.	Boiler and machinery			0.000	
28.	Credit			0.000	
29.	International			0.000	
	Warranty			0.000	
31.	Reinsurance-nonproportional assumed property	XXX	XXX	XXX	XXX
32.	Reinsurance-nonproportional assumed liability	XXX	XXX	XXX	XXX
33.	Reinsurance-nonproportional assumed financial lines	XXX	XXX	XXX	XXX
	Aggregate write-ins for other lines of business	0	0	0.000	
35.	Totals	1,445,500	(908,042)	(62.819)	(84.445)
		DETAILS OF WRITE-INS	, , ,	, /1	, ,
3401.				0.000	
3402.				0.000	
3498.	Sum. of remaining write-ins for Line 34 from overflow page		0	0.000	XXX
	Totals (Lines 3401 thru 3403 plus 3498) (Line 34)		0	0.000	

	PART 2 - D	IRECT PREMIUMS WRIT	TEN	
	Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire		Tour to Bate	Tour to Buto
2.	Allied lines			
3.	Farmowners multiple peril			
	Homeowners multiple peril			
	Commercial multiple peril			
	Mortgage guaranty			
	Ocean marine			
	Inland marine			
10.	Financial guaranty			
	Medical professional liability - occurrence		846,972	678.233
	Medical professional liability - claims made		*	617,568
	Earthquake		,	
	Group accident and health			
	Credit accident and health			
	Other accident and health			
-	Workers' compensation.			
	Other liability-occurrence.		187.164	196 964
	Other liability-claims made			100,004
	Excess workers' compensation			
	Products liability-occurrence			
	Products liability-claims made			
	19.2 Private passenger auto liability			
10.1	19.4 Commercial auto liability			
	Auto physical damage			
	Aircraft (all perils)			
	Fidelity			
	Surety			
	Burglary and theft			
	Boiler and machinery			
	Credit			
	International			
	WarrantyReinsurance-nonproportional assumed property		XXX	XXX
	Reinsurance-nonproportional assumed liability			
	Reinsurance-nonproportional assumed financial lines		······································	XXX
	Aggregate write-ins for other lines of business		0	
				1 400 765
აე.	Totals	387,417 DETAILS OF WRITE-INS	1,667,401	1,492,765
3401.				
3402.				
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
	Totals (Lines 3401 thru 3403 plus 3498) (Line 34)	0	0	0

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island PART 3 (000 omitted)

				L(OSS AND LOSS /	ADJUSTMENT E	XPENSE RESER	RVES SCHEDULE					
	1	2	3	4	5	6	7	8	9	10	11	12	13
							Q.S. Date Known	Q.S. Date Known			Prior Year-End Known		Prior Year-End
			Total Prior	2020	2020		Case Loss and	Case Loss and LAE			Case Loss and LAE		Total Loss
	Prior Year-End	Prior Year-End	Year-End	Loss and LAE	Loss and LAE	Total 2020	LAE Reserves on	Reserves on Claims	Q.S. Date	Total Q.S.		Reserves Developed	and LAE Reserve
Years in Which	Known Case	IBNR	Loss and	Payments on Claims	Payments on Claims	Loss and	Claims Reported and	Reported or Reopened	IBNR	Loss and LAE	(Savings)/Deficiency	(Savings)/Deficiency	Developed
Losses	Loss and LAE	Loss and LAE	LAE Reserves	Reported as of Prior	Unreported as of	LAE Payments	Open as of Prior	Subsequent to	Loss and LAE	Reserves	(Cols. 4 + 7	(Cols. 5 + 8 + 9	(Savings)/Deficiency
Occurred	Reserves	Reserves	(Cols. 1 + 2)	Year-End	Prior Year-End	(Cols. 4 + 5)	Year-End	Prior Year-End	Reserves	(Cols. 7 + 8 + 9)	minus Col. 1)	minus Col. 2)	(Cols. 11 + 12)
1. 2017 + Prior	9,829	11,680	21,509	633	1	634	8,888	209	8,209	17,306	(308)	(3,261)	(3,569)
2. 2018	515	2,759	3,274	19		10	485	100	2,510	3,095	(11)	(149)	(160)
2. 2010		2,139		19		13	403	100	2,510		(11)	(143)	(100)
3. Subtotals													
2018 + Prior	10,344	14,439	24,783	652	1	653	9,373	309	10,719	20,401	(319)	(3,410)	(3,729)
2010 11101111111										20,101	(0.0)	(0,110)	(0,: 20)
4. 2019	823	2,794	3,617	62	3	65	702	7	2,594	3,303	(59)	(190)	(249)
5. Subtotals													
2019 + Prior	11,167	17,233	28,400	714	4	718	10,075	316	13,313	23,704	(378)	(3,600)	(3,978)
6. 2020	XXX	XXX	XXX	XXX	17	17	XXX	337	2,424	2,761	XXX	XXX	XXX
7. Totals	11,167	17,233	28,400	714	21	735	10,075	653	15,737	26,465	(378)	(3,600)	(3,978)
8. Prior Year-											Col. 11, Line 7	Col. 12, Line 7	Col. 13, Line 7
End's Surplus											As % of Col. 1,	As % of Col. 2,	As % of Col. 3,
As Regards	400.005										Line 7	Line 7	Line 7
Policyholders	123,365												
											1(3.4)%	2(20.9)%	3(14.0)%

Col. 13, Line 7 Line 8 4.(3.2)%

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	YES
3.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

- 1. The data for this supplement is not required to be filed.
- 2
- The data for this supplement is not required to be filed.
- 4. The data for this supplement is not required to be filed.

Bar Code:







NONE

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island **SCHEDULE A - VERIFICATION**

Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition. 2.2 Additional investment made after acquisition. Current year change in encumbrances.		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mortgage Edans		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Capitalized deferred interest and other		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest Deduct current year's other-than-temporary impairment recognized		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)	0	0
14.			
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

Other Long-Term invested Asse	J10	
	1	2
		Prior Year Ended
	Year to Date	December 31
Book/adjusted carrying value, December 31 of prior year	64,772,187	59,089,912
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.1 Actual cost at time of acquisition		
Capitalized deferred interest and other	2,247,938	3,615,960
4. Accidal of discount		
5. Unrealized valuation increase (decrease)	(319,683)	2,151,476
6. Total gain (loss) on disposals		
Unrealized valuation increase (decrease) Total gain (loss) on disposals Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation 9. Total foreign exchange change in book/adjusted carrying value 10. Deduct current year's other-than-temporary impairment recognized. 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).	98,257	85,161
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other-than-temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	66,602,185	64,772,187
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		64,772,187

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year		
2.	Cost of bonds and stocks acquired	12,821,229	12,652,113
3.	Accrual of discount	27,617	30,668
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(17,664)	33,197
6.	Deduct consideration for bonds and stocks disposed of	12,232,107	12,819,451
7.	Deduct amortization of premium	327,056	366,303
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	88,786,834	88,468,445
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	88,786,834	88,468,445

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	יַ	uning the Current Quart	ter for all Bonds and Pre	Helled Stock by NAIC L				<u> </u>
NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	69,506,615	6,550,326	4,995,684	(629,077)	68,683,060	69,506,615	70,432,180	70,320,344
2. NAIC 2 (a)	17,621,317	1,045,699	1,121,837	514,475	19,212,973	17,621,317	18,059,654	18,148,101
3. NAIC 3 (a)	286,928			8,072	131,600	286,928	295,000	
4. NAIC 4 (a)							0	
5. NAIC 5 (a)							0	
6. NAIC 6 (a)							0	
7. Total Bonds	87,414,860	7,596,025	6,117,521	(106,530)	88,027,633	87,414,860	88,786,834	88,468,445
PREFERRED STOCK								
8. NAIC 1							0	
9. NAIC 2							0	
10. NAIC 3							0	
11. NAIC 4							0	
12. NAIC 5							0	
13. NAIC 6							0	
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	87,414,860	7,596,025	6,117,521	(106,530)	88,027,633	87,414,860	88,786,834	88,468,445

Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.......0;

NAIC 2 \$.......0;

NAIC 3 \$.......0;

NAIC 5 \$.......0.

Sch. DA - Pt. 1 NONE

Sch. DA - Verification NONE

Sch. DB - Pt. A - Verification NONE

Sch. DB - Pt. B - Verification NONE

Sch. DB - Pt. C - Sn. 1 NONE

Sch. DB - Pt. C - Sn. 2 NONE

Sch. DB - Verification NONE

QSI03, QSI04, QSI05, QSI06, QSI07

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island **SCHEDULE E - PART 2 - VERIFICATION**

Cash Equivalents

Cash Equivalents		
	1	2 Prior Year Ended
	Year To Date	December 31
	Teal To Date	December 51
Book/adjusted carrying value, December 31 of prior year	81,885	27,497
	,	,
Cost of cash equivalents acquired	7,674,934	6,196,719
Accrual of discount	10	1 404
3. Accidal of discount	19	1,404
Unrealized valuation increase (decrease)		
, , ,		
5. Total gain (loss) on disposals		
Deduct consideration received on disposals	7 720 147	6 143 735
0. Boddet contribution received on disposale	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,140,700
7. Deduct amortization of premium		
Total foreign exchange change in book/ adjusted carrying value		
8. Total foreign exchange change in book/ adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized		
γ		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	36,691	81,885
11. Deduct total nonadmitted amounts		
11. Deduct total nonaumitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	36,691	81,885

Sch. A Pt. 2 NONE

Sch. A Pt. 3 NONE

Sch. B - Pt. 2 NONE

Sch. B - Pt. 3 NONE

Sch. BA - Pt. 2 NONE

Sch. BA - Pt. 3 NONE

${\tt Statement\ for\ September\ 30,\ 2020\ of\ the}\quad \textbf{Medical\ Malpractice\ Joint\ Underwriting\ Association\ of\ Rhode\ Island}$

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

	T .				1	_		1	40
1	2	3	4	5	ь	1	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation ar Administrative Symb
Bonds - U.S. Governme		, oroign	Date / toquir ou	Hamo of Yorkon	Number of charge of clock	7 locadi Goot	. a. valae	T and for root dod intoroot and privately	7 tallimiou day o cylin
	US TREASURY N/B		07/07/2020	BARCLAYS AMERICAN		242.070	250,000	459	1
	US TREASURY N/B		07/15/2020	J.P. MORGAN.		174.563	175.000	19	
	US TREASURY N/B.		08/20/2020	NOMURA SECURITIES DOMESTIC		949.443	950.000	136	1
	US TREASURY N/B		08/04/2020	BANK AMERICA		224,991	225,000	11	1FE
	US TREASURY N/B		09/14/2020	J.P. MORGAN		746.982	750.000	395	1FE
	Bonds - U.S. Government					2,338,049	2,350,000	1,020	
Bonds - U.S. Political S	ubdivisions of States				•				1
64966L 2L 4			07/30/2020	MORGAN STANLEY		548.766	450.000	125	1FE
	Bonds - U.S. Political Subdivisions of States					548,766	450,000	125	XXX
Bonds - U.S. Special Re	evenue and Special Assessment				•				1
	E BATON ROUGE PARISH LA SWR CO		08/04/2020	J.P. MORGAN		638,675	500,000		1FE
3140KL LG 5	FN BQ1226		09/23/2020	WELLS FARGO SECURITIES LLC		465,609	450,000	600	1
64763H FK 6	NEW ORLEANS LA AVIATION BRD		07/09/2020	JEFFERIES & CO		559,365	500,000	833	1FE
3199999. Total - I	Bonds - U.S. Special Revenue and Special Assessments					1,663,649	1,450,000	1,433	XXX
Bonds - Industrial and I	Miscellaneous								
00507V AP 4	ACTIVISION BLIZZARD		08/05/2020	BANK AMERICA		697,298	700,000		2FE
02665W DL 2	AMERICAN HONDA FINANCE		07/06/2020	MIZUHO SECURITIES		499,880	500,000		1FE
10373Q BM 1	BP CAP MARKETS AMERICA		08/05/2020	CITIGROUP GLOBAL MARKETS		500,000	500,000		1FE
	FEDEX 2020-1 CLASS AA		07/30/2020	CITIGROUP GLOBAL MARKETS		250,000	250,000		1FE
49446R AW 9	KIMCO REALTY CORP		07/07/2020	WELLS FARGO SECURITIES LLC		348,401	350,000		2FE
3899999. Total - I	Bonds - Industrial and Miscellaneous					2,295,579	2,300,000	0	XXX
8399997. Total - I	Bonds - Part 3					6,846,043	6,550,000	2,578	XXX
8399999. Total -						6.846.043	6.550.000	2,578	XXX
	Bonds. Preferred and Common Stocks					6.846.043	XXX	2.578	XXX
					<u> </u>				

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

				0	0g . 0			· ,	EEMED or O												
	1	2	3 4	5	6	7	8	9	10		Change in B	look/Adjusted (Carrying Value		16	17	18	19	20	21	22
										11	12	13	14	15							1
			F									Current							Bond		
			0									Year's							Interest /		NAIC
			r							Unrealized	Current	Other-Than-		Total Foreign		Foreign			Stock	Stated	Designation
			ei						Prior Year	Valuation	Year's	Temporary	Total Change	Exchange	Book/Adjusted	Exchange	Realized	Total Gain	Dividends	Contractual	and Admini-
			g Disposal		Number of				Book/Adjusted	Increase	(Amortization)	Impairment	in B./A.C.V.	Change in	Carrying Value at			(Loss) on	Received	Maturity	strative
CUSIP I	dentificati	on Description	n Date	Name of Purchaser	Shares of Stock	Consideration	Par Value	Actual Cost	Carrying Value	(Decrease)	/ Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	on Disposal	on Disposal	Disposal	During Year	Date	Symbol
Bonds -	U.S. Gov	rernment																			
36202E	UM	9 G2 4188		MBS PAYMENT		9	9	9	9				0		9			0		07/20/2038.	1
36205K	WE	8 GN 393145		MBS PAYMENT		857	857	853	855		1		1		857			0	43	05/15/2024.	1
36208C	7L	5 GN 447399		MBS PAYMENT		133	133	135	133				0		133			0	7	07/15/2027.	1
912810	EG	9 US TREASURY N/B		MATURITY		1,900,000	1,900,000	2,165,406	1,914,054		(14,054)		(14,054)		1,900,000			0	166,250	08/15/2020.	1
912810		9 US TREASURY N/B		BANK AMERICA		24,804	25,000	24,207					0		24,207		596	596	50	05/15/2050.	1
912828	5S	5 US TREASURY N/B		J.P. MORGAN		201,945	200,000	201,977	201,639		(980)		(980)		200,659		1,286	1,286	3,003	12/31/2020.	1
0599999		Total - Bonds - U.S. Government			-11	2,127,748	2,125,999	2,392,587	2,116,690	0	, ,	0	(15,033)	0	2,125,865	0	1.882	1,882		XXX	XXX
						2,121,140	2, 120,333	2,352,301	2,110,030		(10,000)		(15,055)		2,123,003		1,002	1,002	109,333	^^^	^^^
		cial Revenue and Special Assessme		T	ı						T.	1				1					
3128K6		0 FG A46298		MBS PAYMENT		171	171	173	172				0		171			00		07/01/2035.	1
3128KV		2 FG A64865				234	234	236	234		(1)		(1)		234			0		08/01/2037.	1
3128M4		3 FG G03231		MBS PAYMENT		2,513	2,513	2,475	2,508		5		5		2,513			0		08/01/2037.	1
3128M5		1 FG G03900		MBS PAYMENT		312	312	310	312				0		312			0		02/01/2038.	1
3128M7		7 FG G05774		MBS PAYMENT		4,966	4,966	5,274	5,005		(39)		(39)		4,966			0	165	01/01/2040.	1
3128M8		7 FG G06024				5,160	5,160	5,448	5,171		(11)		(11)		5,160			0	169	08/01/2040.	1
3128ME		6 FG G15998				6,047	6,047	6,059	6,048		(2)		(2)		6,047			0		01/01/2032.	1
3128MJ		6 FG G08505				59,467	59,467	62,431	59,856		(389)		(389)		59,467			0	1,195	09/01/2042.	1
3128MJ		2 FG G08601		MBS PAYMENT		9,352	9,352	10,004	9,475		(123)		(123)		9,352			0	249	08/01/2044.	1
3128MJ		7 FG G08698				17,970	17,970	18,759	18,154		(184)		(184)		17,970			0	418	03/01/2046.	1
3128MJ		4 FG G08699		MBS PAYMENT		11,714	11,714	12,572	11,893		(180)		(180)		11,714			0		03/01/2046.	1
3128MJ		6 FG G08715				16,554	16,554	17,222	16,660		(106)		(106)		16,554			0	332	08/01/2046.	1
3128MJ		6 FG G08743				13,920	13,920	14,653	14,049		(129)		(129)		13,920			0	368	01/01/2047.	1
3128MJ		5 FG G08747				32,703	32,703	32,307	32,651		52		52		32,703			0		02/01/2047.	1
3128MM		3 FG G18631				12,889	12,889	12,920	12,893		(4)		(4)		12,889			0		02/01/2032.	1
3 1 Z O I V I I V I		8 FG G18648				24,449	24,449	25,572	24,643		(195)		(195)		24,449			0		06/01/2032.	1
3128MM		8 FG G18656				15,958	15,958	16,337	16,006		(47)		(47)		15,958			0	372	08/01/2032.	1
3128PQ		7 FG J11644		MBS PAYMENT		2,259	2,259	2,299	2,266		(7)		(7)		2,259			0	61	02/01/2025.	1
3128PY		7 FG J18360				6,700	6,700	6,929	6,732		(32)		(32)		6,700			0		03/01/2027.	1
31292H		5 FG C01527				1,907	1,907	1,940	1,911		(4)		(4)		1,907			0	70	04/01/2033.	1
31292L		7 FG C03903				9,989	9,989	9,993	9,989				0		9,989			0		04/01/2042.	1
31292L		0 FG C03949				5,050	5,050	5,180	5,061		(12)		(12)		5,050			0		05/01/2042.	1
312940		1 FG A92576				5,887	5,887	6,044	5,906		(19)		(19)		5,887			0		07/01/2040.	1
312941		2 FG A93093		MBS PAYMENT		5,564	5,564	5,854	5,598		(34)		(34)		5,564			0		07/01/2040.	1
312942		8 FG A93990				5,012	5,012	5,185	5,042		(30)		(30)		5,012			0	132	09/01/2040.	1
31294M		8 FG E02817				5,448	5,448	5,304	5,424		24		24		5,448			0	106	01/01/2026.	1
31296M		1 FG A13117				6,492	6,492	6,423	6,488		5		5		6,492			0		09/01/2033.	1
31296Q		8 FG A16232				557	557	568	558		(1)		(1)		557			0	20	11/01/2033.	1
3132GL		7 FG Q05410				8,540	8,540	8,538	8,540				0		8,540			0		01/01/2042.	1
3132J2		2 FG K90848				9,265	9,265	9,621	9,306		(41)		(41)		9,265			0		07/01/2033.	1
31335A		7 FG G60458		MBS PAYMENT		18,503	18,503	19,472	18,651		(148)		(148)		18,503			0		01/01/2044.	1
31335A		0 FG G60587				3,672	3,672	3,928	3,721		(49)		(49)		3,672			0		02/01/2046.	1
31335H		3 FG C90859				1,381	1,381	1,420	1,389		(8)		(8)		1,381			0	51	10/01/2024.	1
31371H		4 FN 252161				1,065	1,065	1,053	1,063		2		2		1,065			0	41	12/01/2028.	1
31371K		3 FN 253927				101	101	100	101				0		101			0	4	07/01/2031.	1
31371M		0 FN 255771				2,769	2,769	2,823	2,776		(7)		(7)		2,769			0		07/01/2035.	1
3138AN		1 FN Al8184				18,401	18,401	19,292	18,482		(81)		(81)		18,401			0	480	08/01/2041.	1
3138AN		1 FN Al8822				5,803	5,803	6,150	5,865		(62)		(62)		5,803			0	168	08/01/2041.	1
3138AV		1 FN AJ4145				6,966	6,966	7,268	7,005		(38)		(38)		6,966			0	194	11/01/2041.	1
3138AW		8 FN AJ4994				5,980	5,980	6,437	6,042		(62)		(62)		5,980			0	182	11/01/2041.	1
3138E0		7 FN AJ7717				5,638	5,638	5,810	5,663		(25)		(25)		5,638			0	112	12/01/2026.	1
3138EG		5 FN AL0245				4,018	4,018	4,140	4,031		(13)		(13)		4,018			0	110	04/01/2041.	1
3138EH	US	9 FN AL1492				4,303	4,303	4,501	4,324		(21)		(21)		4,303			0	114	03/01/2042.	1
3138EJ	3Y	2 FN AL2614		MBS PAYMENT		3,299	3,299	3,412	3,313		(13)		(13)		3,299			0	76	11/01/2042.	1
3138EJ	RA	8 FN AL2280		MBS PAYMENT		5,503	5,503	5,860	5,552		(49)		(49)		5,503			0	161	09/01/2042.	1
3138EK		6 FN AL2861		MBS PAYMENT		8,889	8,889	9,131	8,918		(29)		(29)		8,889			0	205	12/01/2042.	1
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SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

Change in Book/Adjusted Carrying Value 20 22 Current Bond Year's NAIC Interest Other-Than otal Foreign Stated Unrealized Current Foreign Stock Designation Prior Year Valuation Year's Temporary **Total Change** Exchange Book/Adjusted Exchange Realized Total Gain Dividends Contractual and Admini Number of Book/Adjusted Change in Carrying Value at Maturity Disposal (Amortization) in B./A.C.V. Gain (Loss) Received strative Increase Impairment Gain (Loss) (Loss) on CUSIP Identification Shares of Stock Par Value Actual Cost (11+12-13) B./A.C.V. Description Date Name of Purchaser Consideration Carrying Value (Decrease) / Accretion Recognized Disposal Date on Disposal on Disposal Disposal During Year Date Symbol 3138EK HJ 7 FN AL2932 09/01/2020. MBS PAYMENT .3,109 ..3,109 .3,270 .3,126 .3,109 07/01/2042. 3138EK YW 9 FN AL3424 09/01/2020. MBS PAYMENT ..245 01/01/2043. ..9,112 ..9,112 ..9,565 ..9,173 .(60)...9,112 2J 4 FN AL8876 3138ET 09/01/2020. MBS PAYMENT .12,203 .12,203 .12,698 .12,266 ..(63) ..(63) .12,203 ..245 10/01/2044. AE 2 FN AO0904 09/01/2020. MBS PAYMENT .2,431 .2,431 ..2,498 .2,437 ...2,431 ..65 04/01/2042. 3138LR 3138LU SX 4 FN AO4133. 09/01/2020. MBS PAYMENT ..9.541 ..9.541 ..9.532 ..9.540 ..9.541 .229 06/01/2042. 3138MK 2E 5 FN AQ4372. 09/01/2020. MBS PAYMENT .5,077 .5,077 .5,071 .5,076 .5,077 85 11/01/2027. 3138W0 L6 4 FN AR3048. 09/01/2020. MBS PAYMENT .4,232 .4,232 .4,198 .4,228 .4,232 .69 01/01/2028. ..6,371 3138W4 CR 0 FN AR6379. 09/01/2020. MBS PAYMENT ..6,371 ..6,595 .6,389 ..(18) ..6,371 ..137 02/01/2043. SU 1 FN AR8630. 3138W6 09/01/2020. MBS PAYMENT ..3,023 .3,023 ..3,114 .3,032 ..(9) .(9) .3,023 04/01/2043. HW 3 FN AS0244 .12,543 3138W9 09/01/2020. MBS PAYMENT 12,543 .12,976 .12,615 ..(72) ..(72) 12,543 .309 08/01/2043. 3138W9 KR 0 FN AS0303 09/01/2020. MBS PAYMENT ..9.425 ..9.425 ..9.395 .9.422 ..9.425 08/01/2043. .2,734 3138W9 MT 4 FN AS0369 09/01/2020. MBS PAYMENT .2,734 ..2,930 .2,754 ..(20) ..(20) .2,734 09/01/2043. 3138WA FR 3 FN AS1075 09/01/2020. MBS PAYMENT .8.734 ..9.001 ..175 11/01/2043. .8.734 .8.772 ..(38) ..(38) .8.734 3138WA WT 0 FN AS1557 09/01/2020. MBS PAYMENT .18,976 .18,976 .20.156 .19,164 (188) .(188) 18,976 505 01/01/2044. 3138WB UK 9 FN AS2385 09/01/2020. MBS PAYMENT .6.840 .6,840 ..7,221 .6,880 ..(40) ..(40) .6.840 .190 05/01/2044. 3138WE ZJ FN AS5244. 11.637 ..11.637 .11.675 .11.637 06/01/2045. 09/01/2020. MBS PAYMENT .12.054 ..(38) ..(38) ..271 3138WG DN FN AS6408 09/01/2020. MBS PAYMENT 13,345 .13,345 .14,112 .13,485 .(140) .(140)13,345 01/01/2046. 3138WJ PC 6 FN AS8518 09/01/2020. MBS PAYMENT 19,908 .19,908 .19,807 .19,895 ..13 19,908 ..387 12/01/2046. 3138WJ QΕ 1 FN AS8552 09/01/2020. MBS PAYMENT .15,123 ..15,123 .15,470 .15,157 ..(34) ...(34) .15,123 ..300 12/01/2036. 3138WM KY 6 FN AT0310 09/01/2020. MBS PAYMENT ..2,154 ..2,154 ..2,294 ...2,160 ...2,154 03/01/2043. 3138WX FK 8 FN AT9169 09/01/2020. MBS PAYMENT .16.792 ..16.792 .16.693 .16.778 .13 .16.792 ..285 07/01/2028. 3138WZ TZ 5 FN AU0567 09/01/2020. MBS PAYMENT .1,715 .1,715 .1,698 .1,714 .1,715 08/01/2043. 3138X0 Y2 8 FN AU1628 09/01/2020. MBS PAYMENT ..9,360 ..9,360 ..9,175 .9,339 ..21 ...9,360 07/01/2043. 3138X1 3A 2 FN AU2592 09/01/2020. MBS PAYMENT .10,463 ..10,463 .10,838 .10.506 ..(43) .10,463 08/01/2043. ..(43) 3138X3 XM ..7,662 .7,662 ..7,688 .7,664 ...7,662 09/01/2043. 9 FN AU4283 09/01/2020. MBS PAYMENT ..(2) .13,097 ..13,097 .13,746 .13,240 .13,097 3138Y6 3S 1 FN AX5308 09/01/2020. MBS PAYMENT .(142) .(142) 01/01/2042. U6 5 FN AY4204. .10.519 ..10.519 .10.864 .10.558 ..(39) .10.519 05/01/2045. 3138YH 09/01/2020. MBS PAYMENT ..(39) ..253 31394V LV FNR 2005-123 PG. 09/01/2020. MBS PAYMENT 15,836 .15,836 .15,362 .15,809 .27 .27 15,836 .613 01/25/2036. .1,206 31400Y 3Q 7 FN 702007 09/01/2020. MBS PAYMENT .1,206 ..1.235 .1,208 ..(2) .1,206 44 05/01/2033. 31406U НН 4 FN 820232 ..398 .404 ..399 06/01/2035. 09/01/2020. MBS PAYMENT ..398 ..398 09/01/2020. MBS PAYMENT 31409Y UL 9 FN 882687 ..238 ..238 ..236 ..238 ..238 06/01/2036. 3140FP C9 8 FN BE3695 09/01/2020. MBS PAYMENT .101.695 101.695 .101.171 .101.543 .152 ..152 101.695 .2.356 06/01/2047. 3140HB 9 FN BJ9169 09/01/2020. MBS PAYMENT .85,525 .87,149 .86,088 (562).(562) .85,525 .2,260 05/01/2048. 3140HB GZ 5 FN BJ9215 .27,573 .27,573 .27,708 .(134) .27,573 09/01/2020. MBS PAYMENT .28,069 (134)06/01/2048. 3140J7 T5 4 FN BM3271 09/01/2020. MBS PAYMENT .27,228 .27,228 .27,679 ..(57) .27,228 12/01/2032. .27,285 ..(57) 546 3140J8 ΗZ 9 FN BM3847 ..24,424 .24,424 .25,011 .24,479 ..(56) ..(56) ..24,424 .657 05/01/2048. 09/01/2020. MBS PAYMENT 3140JG LQ 6 FN BN0334 09/01/2020. MBS PAYMENT 248.073 .248.073 258.006 .252.658 .(4.584) .(4,584) 248.073 6.527 12/01/2048. 3140Q7 2P FN CA0781. 09/01/2020. MBS PAYMENT ..27.600 ..27.600 .28.152 .27.670 ..27.600 .552 11/01/2032. ..(70) 3140X4 FN FM1634 09/01/2020. MBS PAYMENT .136,578 136,578 140,868 .138,209 .(1,630) .(1,630) 136,578 3,095 06/01/2049. 3140X6 2N 0 FN FM3480 .18,943 ..18,943 .19,760 .18,943 06/01/2050. 09/01/2020. MBS PAYMENT ..(32) ...(32) 31410U KA 9 FN 897689 09/01/2020. MBS PAYMENT ..9,200 .9,200 ..8,996 ...9,155 ..45 ...9,200 06/01/2037. ..45 2P 09/01/2020. MBS PAYMENT 31413R 0 FN 953582 .1,546 .1,546 .1,630 .1,548 .1.546 12/01/2037. ZM 6 FN AA1647 ..3.256 .3,256 ..3.365 .3.286 ..3.256 31416J 09/01/2020. MBS PAYMENT ..(30) ...(30) 02/01/2039. 31416M 5A 8 FN AA4440 09/01/2020. MBS PAYMENT 03/01/2039. 31417C JL 0 FN AB5666 09/01/2020. MBS PAYMENT .4.379 .4,379 .4.465 .4.395 .4.379 ..98 07/01/2042. 31417C KM 6 FN AB5699 09/01/2020. MBS PAYMENT ..8.857 .8,857 ..8.824 .8.853 ...8.857 ..219 07/01/2042. 31417C VS 1 FN AB6024 09/01/2020. MBS PAYMENT .11,089 .11,089 .11,596 .11,176 ..(88).. ..(88).. 11,089 .247 08/01/2042. 31417D TR 4 FN AB6859 09/01/2020. MBS PAYMENT .5.941 ..5,941 ..6.175 .5.983 .(42) ..(42) .5.941 ..139 11/01/2042. 31417E ΜZ FN AB7575 09/01/2020. MBS PAYMENT .8,238 .8,238 ..8,208 .8,234 .8,238 01/01/2043. 31417E N9 8 FN AB7615 09/01/2020. MBS PAYMENT .8,694 .8,694 ..9,085 .8,743 .(49) ..(49) .8,694 .202 01/01/2043. 3E .10,330 .10,330 .10,039 .10,294 31417F 6 FN AB8896 09/01/2020. MBS PAYMENT ..36 10,330 ..211 04/01/2043. 5A 09/01/2020. MBS PAYMENT .15,309 .16,048 .15,429 ..366 07/01/2043. 31417G 0 FN AB9840 15,309 ..(119) .(119) 15,309 31417H B5 2 FN AB9959 09/01/2020. MBS PAYMEN .7,427 ..7,427 ..7.749 ...7.467 ..(40) ..(40) .7.427 ..200 07/01/2043. 31418C QB 3 FN MA3149. 09/01/2020. MBS PAYMENT .19,910 ..19.910 ...20,672 .20,103 ..(192) ..(192) .19,910 ..527 10/01/2047. 1

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3 4	5	6	7	8	9	10		Change in Bo	ook/Adjusted (Carrying Value		16	17	18	19	20	21	22
									11	12	. 13	14	15							
		F									Current Year's							Bond		NAIO
		0							Unrealized	Current	Year's Other-Than-		Total Foreign		Foreign			Interest / Stock	Stated	NAIC
		i i						Prior Year	Valuation	Current Year's	Temporary	Total Change	Exchange	Book/Adjusted	Exchange	Realized	Total Gain	Dividends	Contractual	Designation and Admini-
		g Disposal		Number of				Book/Adjusted	Increase	(Amortization)		in B./A.C.V.	Change in	Carrying Value at			(Loss) on	Received	Maturity	strative
CUSIP Identification	on Description	n Date	Name of Purchaser	Shares of Stock	Consideration	Par Value	Actual Cost	Carrying Value	(Decrease)	/ Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date		on Disposal	Disposal	During Year		Symbol
	4 FN AD8186	09/01/2020.		Charge of Clock	1,776	1,776	1,840	1.784	(Doorodoo)	(9)	rtooograzou	(9)	D.77 C.O. V.	1.776	On Diopodal	on Diopodai	0		09/01/2025.	
	9 FN AE4179	09/01/2020.			3,064	3,064	3.172	3.081		(17)		(17)		3.064			0	67	10/01/2025.	1
31419J SV	1 FN AE7731	09/01/2020.			6.734	6,734	7.181	6,798		(64)		(64)		6.734			0	202	11/01/2040.	1
59266T EC	1 MET WTR DIST OF STHRN CA		CALLED BY ISSUER at 100.000		150,000	150,000	150,000	150,000				0		150,000			0		07/01/2040.	
3199999. T	otal - Bonds - U.S. Special Revenue and Special	Assessments.			1,640,597	1,640,597	1,682,299	1,632,179	0	(10,555)	0	(10,555)	0	1,640,597	0	0	0	46,218	XXX	XXX
Bonds - Industria	l and Miscellaneous											, , , ,			•	•	•			
00912X BA	1 AIR LEASE CORP	08/04/2020.	MILLENNIUM ADVISORS		504,135	500,000	493,585	495,212		511		511		495,723		8,412	8,412	15,122	03/01/2025.	2FE
05568B AA	6 BURLINGTN NO SF 06-1 TR	07/15/2020.	MBS PAYMENT		74	74	74	74				0		74			0	4	01/15/2024.	1FE
126410 LM	9 CSX TRANSPORTATION INC	07/15/2020.			23,316	23,316	23,316	23,316				0		23,316			0	1,457	01/15/2023.	1FE
460146 CE	1 INTERNATIONAL PAPER CO				135,946	127,000	126,898	126,981		7		7		126,988		12	12		08/15/2021.	
47215B AD	9 JCPL 2006-A A4				82,158	82,158	82,084	82,110		48		48		82,158			0		06/05/2023.	
742741 AA	9 PROCTER & GAMBLE - ESOP	07/01/2020.			58,310	58,310	58,310	58,310				0		58,310			0		01/01/2021.	
867914 BK	8 TRUIST FIN CORP				314,095	310,000	309,327	309,833		83		83		309,916		4,179	4,179		03/03/2021.	
909318 AA	5 UNITED AIR 2018-1 AA PTT	09/01/2020.			5,452	5,452	5,452	5,452				0		5,452			0		09/01/2031.	
94106L BG	3 WASTE MANAGEMENT INC	07/20/2020.	CALLED BY ISSUER at 101.000		505,000	500,000	499,020	499,080		46		46		499,126		874	874	15,302	06/15/2029.	2FE
3899999.	otal - Bonds - Industrial and Miscellaneous				1,628,486	1,606,310	1,598,066	1,600,368	0	695	0	695	0	1,601,063	0	13,477	13,477	68,927	XXX	XXX
8399997. T	otal - Bonds - Part 4				5,396,831	5,372,906	5,672,952	5,349,237	0	(24,893)	0	(24,893)	0	5,367,525	0	15,359	15,359	284,498	XXX	XXX
8399999.	Fotal - Bonds				5,396,831	5,372,906	5,672,952	5,349,237	0	(24,893)	0	(24,893)	0	5,367,525	0	15,359	15,359	284,498	XXX	XXX
99999999.	Total - Bonds, Preferred and Common Stocks				5,396,831	XXX	5,672,952	5,349,237	0	(24,893)	0	(24,893)	0	5,367,525	0	15,359	15,359	284,498	XXX	XXX

Sch. DB - Pt. A - Sn. 1 NONE

Sch. DB - Pt. B - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 2 NONE

> Sch. DB - Pt. E NONE

Sch. DL - Pt. 1 NONE

Sch. DL - Pt. 2 NONE

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE E - PART 1 - CASH

Month	Fnd	Depository	Ralances
IVIOLILI	\perp		Dalances

****			Balanooo					
1	2	3	4	5	Bool	Balance at End of	Each	9
					Mont	h During Current Qu	uarter	
					6	7	8	
			Amount of Interest	Accrued at				
		Rate of	Received During	Current Statement				
Depository	Code	Interest	Current Quarter	Date	First Month	Second Month	Third Month	*
Open Depositories								
BANK OF AMERICA PROVIDENCE, RI					1,035,770	951,304	756,381	XXX
0199999. Total Open Depositories	XXX	XXX	0	0	1,035,770	951,304	756,381	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	1,035,770	951,304	756,381	XXX
0599999. Total Cash	XXX	XXX	0	0	1,035,770	951,304	756,381	XXX

Statement for September 30, 2020 of the Medical Malpractice Joint Underwriting Association of Rhode Island SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

	Chow investments owned and of editeri	t Qualto						
1	2	3	4	5	6	7	8	9
							Amount of Interest Due &	
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date E	Book/Adjusted Carrying Value	Accrued	Amount Received During Year
All Other Money Mar	ket Mutual Funds							
31607A 70 3	FIDELITY INV MMKT GOVT-INST.		. 09/29/2020	0.010		36,692	16	
8699999. Total - All C	Other Money Market Mutual Funds					36,692	16	0
8899999. Total - Casl	n Equivalents					36.692	16	0

Designate the type of health care

providers reported on this page. EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

			ĺ		sses Paid		Direct Losses Unpaid				8
		D: .	5	3	4	5	6	7	Direct Losses Incurred		
	States, Etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	But Not Reported		
1.	AlabamaAL										
2.	AlaskaAK										
3.	ArizonaAZ										
4. 5.	ArkansasAR CaliforniaCA										
5. 6.	ColoradoCO										
	ConnecticutCT										
	DelawareDE										
9.	District of ColumbiaDC										
	FloridaFL										
	GeorgiaGA										
12. 13.	HawaiiHI										
14.	IllinoisIL										
15.	IndianaIN										
16.	lowaIA										
	KansasKS										
	KentuckyKY										
	LouisianaLA										
	MaineME MarylandMD										
	MassachusettsMA										
	MichiganMI										
	MinnesotaMN										
25.	MississippiMS										
	MissouriMO										
	MontanaMT										
	NebraskaNE NevadaNV										
	New HampshireNH										
	New JerseyNJ										
	New MexicoNM										
	New YorkNY										
	North CarolinaNC										
	North DakotaND OhioOH										
36. 37.	OhioOH OklahomaOK										
	OregonOR										
		1,128,222	994,362	10,583	14	(1,066,738)	7,983,690	25	8,299,218		
	TennesseeTN TexasTX										
	UtahUT										
	VermontVT										
	WashingtonWA										
	5										
	WisconsinWI WyomingWY										
	American SamoaAS										
	GuamGU										
54.	Puerto RicoPR										
	J										
	Northern Mariana IslandsMP										
		0	0	0	0	0	0	0			
58. 59.		1,128,222	994,362			(1,066,738)		25	8,299,218		
55.	· • • • • • • • • • • • • • • • • • • •		,	DETAILS OF	•		, ,000,000	ZJ			
58001.											
58002.											
58003.											
58998.	Summary of remaining write-ins for Line 58 from overflow page.	0	0	0	0	0	0	^	,		
58999	Totals (Lines 58001 thru 58003	0	U]U]U	U	U	0	0		
	+ 58998) (Line 58 above)	0	0	0	0	0	0	0	0		

Designate the type of health care providers reported on this page.

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

Circl	Hospita	als	1	2	Direct Lo	ssas Paid	5	Direct Loss	ses Unpaid	8
Size Etc. Preside Previous Previou			ľ	2			J J		7	Direct
1		Staton Eta	Premiums	Premiums	Amount	of	Losses		of	Incurred But Not
2. Adelsa	1.	•	written	Earned	Amount	Claims	incurred	Reported	Claims	Reported
4	2.	AlaskaAK								
S. Calderine										
Concent C C C C C C C C C C										
S. Distract Cloumbia DE		ColoradoCO								
3. District Columba										
10 Firtrids										
12 Howal H										
13. Idaho		-								
14. Illinois										
16. Iowas										
17. Karasas	15.	IndianaIN								
18. Kentucky										
19 Louisiera										
21										
22 Missachuselts										
23		=								
Manesota										
Missouri.		MinnesotaMN								
Mortana										
28										
30 New Hampshire										
31 New Jersey										
32 New Mexico. NM										
33. New York										
35. North Dakota										
36. Ohio										
37. Oklahoma										
39, Pennsylvania.										
40. Rhode Island. RI										
41. South Carolina SC South Dakola SD SD SD SD SD SD SD S										
42 South Dakota SD										
44. Texas	42.									
45. Utah. UT 46. Vermont. VT 47. Virginia VA 48. Washington WA 49. West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53. Guam GU 54. Puerto Rico PR 55. US Virgin Islands. VI 56. Northern Mariana Islands. MP 57. Canada CAN 58. Aggregate Other Alien OT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
46. Vermont. .VT 47. Virginia .VA 48. Washington .WA 49. West Virginia .WV 50. Wisconsin .WI 51. Wyoming .WY 52. American Samoa .AS 53. Guam .GU 54. Puerto Rico .PR 55. US Virgin Islands .VI 56. Northern Mariana Islands MP 57. Canada .CAN 58. Aggregate Other Alien .OT .O										
48. Washington		VermontVT								
49. West Virginia.										
50. Wisconsin. WI 51. Wyoming. WY 52. American Samoa AS 53. Guam. GU 54. Puerto Rico. PR 55. US Virgin Islands. VI 56. Northern Mariana Islands. MP 57. Canada. CAN 58. Aggregate Other Alien. OT 0 0 0 0 0 0 0 59. Totals. 352,015 298,700 367,773 5 74,919 1,365,000 13 1,666,338 DETAILS OF WRITE-INS 58002. 58003. 58998. Summary of remaining write-ins 58002. 58003. 58004.										
52. American Samoa AS										
53. Guam										
54. Puerto Rico. PR 55. US Virgin Islands. VI 56. Northern Mariana Islands. MP 57. Canada. CAN 58. Aggregate Other Alien. OT 0 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>										
55. US Virgin Islands										
57. Canada. CAN 58. Aggregate Other Alien		US Virgin IslandsVI								
58. Aggregate Other AlienOT .0 <th></th>										
59. Totals									•	
58001					367,773	5				
58002	F000:									
58003										
I fauline ED from eventless need 0 0 0 0 0	58998.		_	^	_	_	_	^	^	_
for Line 58 from overflow page	58999		0	0	0	0	0	0	0	0
+ 58998) (Line 58 above)			0	0	0	0	0	0	0	0

Supp. A to Sch. T NONE

Supp. A to Sch. T NONE

Overflow Page NONE